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## Maternal, Infant, and Child Health

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### Goal

Improve maternal health and pregnancy outcomes and reduce the rate of disability in infants, thereby improving the health and well being of women, infants, children, and families in the Commonwealth of Kentucky.

### Overview

Improving the health of mothers and infants is a national as well as a state priority. Infant mortality is an important measure of a state's health and an indicator of health status and social well being. In addition, the disparity in infant mortality rates between whites and African Americans and other specific ethnic groups persists.

Infant mortality is not the only measure of the health of infants. This chapter addresses a range of indicators of maternal, infant, and child health, including those affecting women of childbearing age, pregnant, and post-partum women.

### Summary of Progress

Great strides have been made toward achieving the 2010 Objectives. The target was surpassed for objective 12.16 which relates to decreasing neural tube defects to 12 per 10,000 births by increasing the proportion of women of childbearing age taking daily folic acid supplements. The mid-decade status of neural tube defects is 5.3 per 10,000 births (more than a 50 percent reduction below the 2010 Objective), while the proportion of women of childbearing age taking daily folic acid supplements is 45.6 percent (a 9.4 percent increase from 2000). The 2010 target was also surpassed by 34 percent for Objective 12.20 which relates to increasing the number of pregnant alcohol and drug abusers admitted to publicly funded substance abuse treatment programs. Progress has been made towards meeting the proportion of women who breastfeed their infants at hospital discharge from 54.2% to 56.5%, and a steady increase is being made in the WIC population who have breastfed from 26% in 2001 to 30.1% in 2004. Progress is also being made toward increasing the percent of newborns screened for hearing disorders before discharge, and in decreasing the death rate for children ages 5-14 in the state. The infant mortality rate has declined to 6.5 per 1,000 live births, down from 7.2 per 1,000 in 2002, and the perinatal mortality rate has declined considerably since 2001. Although the maternal mortality rate increased sharply in 2002, the rate has continued to decline since, and is currently at 7.7 per 100,000 live births. For areas in which targets are not being met, interventions and strategies have been put in place to improve the likelihood of achieving our 2010 Objectives.

## Progress toward Achieving Each HK 2010 Objective

Summary of Objectives for Maternal, Infant, and Child Health	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
12.1. To reduce infant mortality to no more than 6/1,000 live births.	6.7/1,000 (2000)	≤6/1,000	6.5/1,000 (2004)	Yes	Vital Statistics
12.2. Reduce the infant mortality rate due to birth defects to 1.2 per 1,000 live births.	1.4/1,000 (2000)	≤1.2/1,000	1.1/1,000 (2004)	Target Achieved	Vital Statistics
12.3. Reduce the Sudden Infant Death Syndrome (SIDS) mortality rate to 0.3 per 1,000 live births.	0.6/1,000 (2000)	≤0.3/1,000	0.9/1,000 (2004)	No	Vital Statistics
12.4. Reduce the rate of child mortality a) to 20 per 100,000 children ages 1-4 and b) 17 per 100,000 children ages 5-14.	a)33.8/100,000 (2000)	≤20/100,000	33.9/100,000 (2004)	No	Vital Statistics
	b)17.5/100,000 (2000)	≤17/100,000	17/100,000 (2004)	Target Achieved	Vital Statistics
12.5. Reduce the fetal death rate to no more than 4 per 1,000 live births plus fetal deaths.	6.4/1,000 (2000)	≤4.0/1,000	5.7/1,000 (2004)	Yes	Vital Statistics
12.6. Reduce the perinatal mortality rate to no more than 4.5 per 1,000 live births plus fetal deaths.	9.1/1,000 (2000)	≤4.5/1,000	7.5/1,000 (2004)	Yes	Vital Statistics
12.7. Reduce the maternal mortality rate to no more than 3.3 per 100,000 live births.	3.6/100,000 (2000)	≤3.3/100,000	7.7/100,000 (2004)	No	Vital Statistics
12.8R. Increase to 25 percent the percentage of women of childbearing age who routinely receive preconception counseling in the local health department.	13.3% (2000)	≥25%	11.1% (2004)	No	PSRS
12.9. Increase to at least 90 percent the proportion of all pregnant women who begin prenatal care in the first trimester of pregnancy.	85.7% (2000)	≥90%	86.2% (2004)	Yes	Vital Statistics
12.10. Increase to at least 95 percent the proportion of all live born infants whose mothers received adequate prenatal care based on the Kotelchuck Index.	80.6% (2000)	≥95%	82% (2004)	Yes	Vital Statistics
12.11. (DELETED)					
12.12. Reduce the incidence of a) low birth weight to no more than 5 percent, b) very low birth weight to no more than 1 percent and c) reduce the incidence of premature birth to no more than 7.6 percent of all live births.	a)8.2% (2000)	≤5%	8.4% (2004)	No	Vital Statistics
	b)1.5% (2000)	≤1%	1.5% (2004)	No	Vital Statistics
	c)12.7% (2000)	≤7.6%	15.8% (2004)	No	Vital Statistics

R = Revised objective

## Progress toward Achieving Each HK 2010 Objective

Summary of Objectives for Maternal, Infant, and Child Health	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
12.13. Increase to at least 90 percent the proportion of very low birth weight infants (<1500 grams) born at facilities equipped for high-risk deliveries and neonates.	51.7% (2000)	≥90%	52% (2004)	Yes	Vital Statistics
12.14. (DELETED)					
12.15R. Increase to at least 75 percent the proportion of mothers who breastfeed their babies at hospital discharge; to at least 50 percent the proportion who continue breastfeeding until their babies are 6 months old; and increase among the WIC population to at least 50 percent the proportion of mothers who have ever breastfed their babies; to at least 25 percent the proportion who are currently breastfeeding their babies.					
<u>Kentucky</u> Hospital discharge	54.2% (2000)	≥75%	56.5% (2002)*	Yes	Ross Survey
6 months of age	23.9% (2000)	≥50%	25.3% (2002)*	Yes	Ross Survey
<u>WIC Population</u> Ever breastfed	26% (2001)	≥50%	30.1% (2004)	Yes	WIC
Currently breastfeed	8.8% (2001)	≥25%	12.7% (2004)	Yes	WIC
12.16. Reduce the incidence a) of Neural Tube Defects (Spina Bifida and Anencephaly) to 12/10,000 births b) by increasing to at least 50 percent the proportion of women of childbearing age who take a daily vitamin that contains 0.4mg of folic acid.	a)8.7/10,000 (2000)	≤12/10,000	5.3/10,000 (2004)	Target Achieved	KBSR
	b)41.7% (2000)	≥50%	45.6% (2004)	Yes	BRFSS
12.17R. Increase to at least 20 percent the proportion of pregnant smokers who abstain from tobacco use beginning in the first trimester of pregnancy and maintain abstinence for the remainder of their pregnancy.	11.7% (2004)	≥20%	11.7% (2004)	N/A	Vital Statistics

R = Revised objective N/A = Only baseline data are available. Not able to determine progress at this time.

## Progress toward Achieving Each HK 2010 Objective

Summary of Objectives for Maternal, Infant, and Child Health	Baseline	HK 2010 Target	Mid-Decade Status	Progress	Data Source
12.18.-12.19. (DELETED)					
12.20. Increase by 50 percent the number of pregnant alcohol and/or drug abusers who are admitted to publicly funded substance abuse treatment programs.	276 (2000)	≥414	630 (2004)	Target Achieved	MHMR
12.21R. Ensure that 96 percent of all newborns are tested for phenylketonuria (PKU), congenital hypothyroidism, galactosemia, and hemoglobinopathies.	94.5% (2001)	≥96%	93.2% (2003)	No	NBS & Vital Statistics
12.22. (DELETED)					
12.23R. Reduce the number of children with serious developmental disabilities such as Cerebral Palsy among children aged 0-5 years old and Hearing Impairment, Visual Impairment, and Developmental Delay among children aged 3-8 years.					
Cerebral Palsy	39 (2000)	≤21	22 (2002)	Yes	KBSR
Hearing Impairment	765 (2000)	≤671	706 (2004)	Yes	KDE
Visual Impairment	494 (2000)	≤437	460 (2004)	Yes	KDE
Developmental Delay	6,982 (2000)	≤6,633	9,808 (2004)	No	KDE
12.24R. Increase to 100 percent the number of newborns who are screened for hearing disorders	99.2% (2001)	100%	99.4% (2004)	Yes	UNHS

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